

## SAA MAP GRANT CRITERIA FORM

Please ensure all sections of this form are completed. If additional space is required, complete an additional form and/or attach a separate page with the relevant information.

### APPLICANT INFORMATION:

|                        |  |                |  |
|------------------------|--|----------------|--|
| <b>Club:</b>           |  | <b>Year:</b>   |  |
| <b>Contact Person:</b> |  | <b>E-mail:</b> |  |

### NCCP COACHES (National Coaching Certification Program)

| Name | NCCP# | Level Certified and Active                                                                                                                           |
|------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------|
|      |       | <input type="checkbox"/> AFCC <input type="checkbox"/> TIBA <input type="checkbox"/> CIBA <input type="checkbox"/> CIIA <input type="checkbox"/> CCD |
|      |       | <input type="checkbox"/> AFCC <input type="checkbox"/> TIBA <input type="checkbox"/> CIBA <input type="checkbox"/> CIIA <input type="checkbox"/> CCD |
|      |       | <input type="checkbox"/> AFCC <input type="checkbox"/> TIBA <input type="checkbox"/> CIBA <input type="checkbox"/> CIIA <input type="checkbox"/> CCD |
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|      |       | <input type="checkbox"/> AFCC <input type="checkbox"/> TIBA <input type="checkbox"/> CIBA <input type="checkbox"/> CIIA <input type="checkbox"/> CCD |
|      |       | <input type="checkbox"/> AFCC <input type="checkbox"/> TIBA <input type="checkbox"/> CIBA <input type="checkbox"/> CIIA <input type="checkbox"/> CCD |
|      |       | <input type="checkbox"/> AFCC <input type="checkbox"/> TIBA <input type="checkbox"/> CIBA <input type="checkbox"/> CIIA <input type="checkbox"/> CCD |

\*\*\* AFCC = Archery Foundations/Community Coach, TIBA = Trained Instructor of Beginner Archers, CIBA = Certified Instructor of Beginner Archers, CIIA = Certified Instructor of Intermediate Archers, CCD = Certified Competition Development

### OFFICIALS

| Name | RSO                                                      | Level Certified and Active                                                                                      |
|------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> LJ <input type="checkbox"/> PJ <input type="checkbox"/> NJ <input type="checkbox"/> CJ |
|      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> LJ <input type="checkbox"/> PJ <input type="checkbox"/> NJ <input type="checkbox"/> CJ |
|      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> LJ <input type="checkbox"/> PJ <input type="checkbox"/> NJ <input type="checkbox"/> CJ |
|      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> LJ <input type="checkbox"/> PJ <input type="checkbox"/> NJ <input type="checkbox"/> CJ |
|      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> LJ <input type="checkbox"/> PJ <input type="checkbox"/> NJ <input type="checkbox"/> CJ |
|      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> LJ <input type="checkbox"/> PJ <input type="checkbox"/> NJ <input type="checkbox"/> CJ |
|      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> LJ <input type="checkbox"/> PJ <input type="checkbox"/> NJ <input type="checkbox"/> CJ |

\*\*\* RSO = Range Safety Officer, LJ = Local/Club Judge, PJ = Provincial Judge, NJ = National Judge, CJ = Continental Judge

## SAA MAP GRANT CRITERIA FORM

(CONTINUED)

**CLUB MEMBERSHIP** Adults: \_\_\_\_\_ Youth (17 & under as of December 31<sup>st</sup>): \_\_\_\_\_ Total: \_\_\_\_\_

\*Please attach a complete list of all members as of December 31<sup>st</sup> of the current year.

**MEMBERS ATTENDING SAA ANNUAL GENERAL MEETING** Total: \_\_\_\_\_

\*Please attach a complete list of all members who attended the SAA AGM of the current year.

### EVENT PARTICIPATION

| Event                                                 | # Members Participating |
|-------------------------------------------------------|-------------------------|
| SAA JOP Championship                                  |                         |
| SAA Indoor Target Championship                        |                         |
| SAA Outdoor Target Championship                       |                         |
| SAA Field Championship                                |                         |
| SAA 3D Indoor Championship                            |                         |
| SAA 3D Outdoor Championship                           |                         |
| Archery Canada Indoor Target Championship (Regionals) |                         |
| Archery Canada Outdoor Target Championship            |                         |
| Archery Canada Indoor 3D Championship                 |                         |
| Archery Canada Outdoor 3D Championship                |                         |

### CLUB EXECUTIVE

|                         |  |               |  |
|-------------------------|--|---------------|--|
| <b>President:</b>       |  | <b>SAA #:</b> |  |
| <b>Vice President:</b>  |  | <b>SAA #:</b> |  |
| <b>Secretary:</b>       |  | <b>SAA #:</b> |  |
| <b>Treasurer:</b>       |  | <b>SAA #:</b> |  |
| <b>JOP Coordinator:</b> |  | <b>SAA #:</b> |  |
| <b>Other:</b>           |  | <b>SAA #:</b> |  |
| <b>Other:</b>           |  | <b>SAA #:</b> |  |
| <b>Other:</b>           |  | <b>SAA #:</b> |  |